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*ACCOMPANIED WITH A POSSIBLE RESULTING
PARAPLEGIA.*

REPORTED BY ✓

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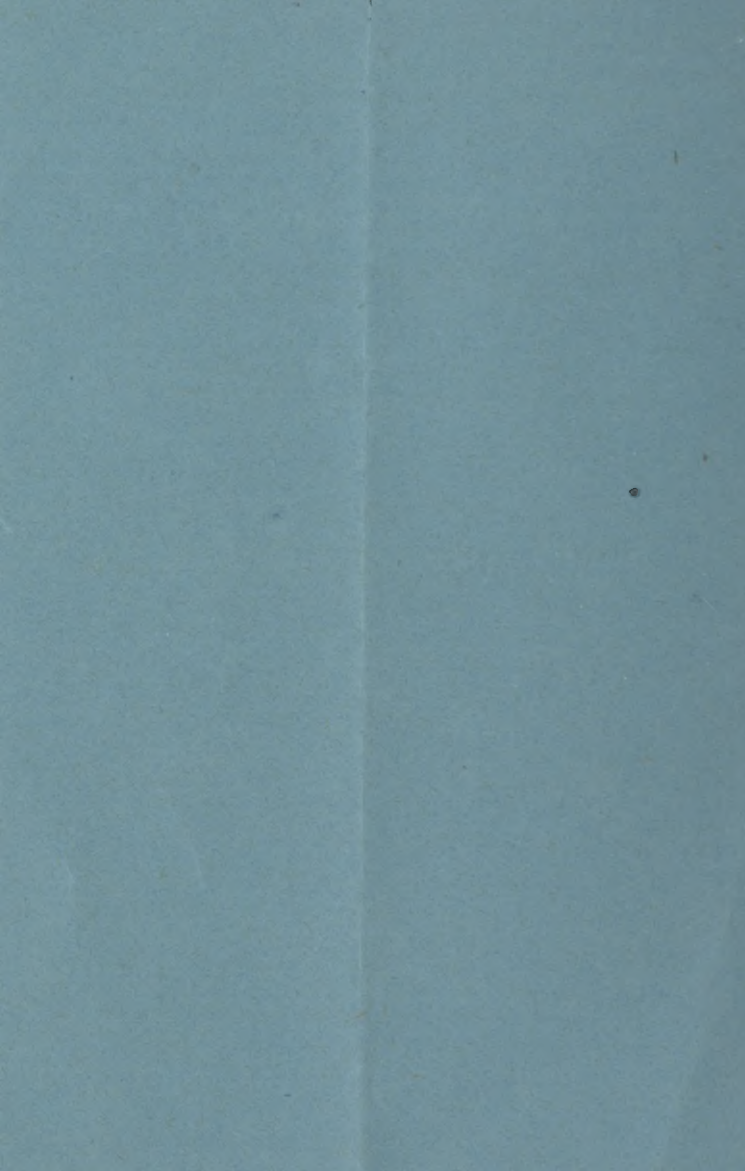
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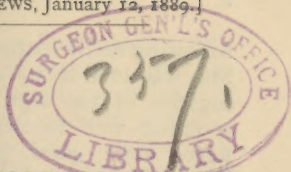
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**A CASE OF HODGKIN'S DISEASE ACCOMPANIED
WITH A POSSIBLE RESULTING PARAPLEGIA.**

REPORTED BY LEWIS H. ADLER, JR., M D.,
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IN an article in Pepper's *System of Medicine*, Dr. Wm. Osler describes this disease as being characterized by progressive hyperplasia of the lymph glands, sometimes also of the spleen, with anæmia, and the development of secondary lymphatic growths in various parts of the body.

It has various synonyms; those deserving particular mention are pseudo-leukæmia, general lympho-adenoma, lympho-sarcoma, adenoid disease, and malignant lymphoma. It is also called Hodgkin's disease, after the physician who first studied and called the attention of the profession to it.

The case which I wish to describe is that of a married white woman, M. J. F., æt. twenty-six, a native of this State. She was admitted into the wards of the University Hospital August 31, 1888, under the care of Dr. H. C. Wood.

Dr. Joseph Leidy, Jr., was at that time Dr. Wood's resident, and from notes taken by him I glean the

following as the patient's condition upon admission : She was unable to use her lower extremities; the muscles of the legs were wasted and flaccid; responded well to electricity (faradic current). Reflexes were good, possibly increased. Sensation unimpaired. There was a large bed-sore over the sacrum, and another commencing over the right trochanter major. Pressure over the spinal column elicited pain; particularly from the fourth to the sixth dorsal vertebræ. In the lumbar region a marked lateral curvature to the right was noticed.

Her family history, which I obtained, was good. No scrofula or specific trouble evident. Was always healthy up to time of marriage, which occurred when she was twenty-three years old. Said that "she had never taken a drop of medicine up to that date." Her husband and his family were all healthy, so far as I was able to ascertain. She menstruated at thirteen; was always regular except when pregnant. Since marriage has had two miscarriages; one at three months, the other one month sooner. Assigned as a reason for this trouble, heavy lifting.

Four months before admittance to hospital she was delivered of a healthy child at full term. Shortly after this pregnancy, the cervical glands only, and of the left side, became swollen and hard, but not painful, with no tendency at any time toward suppuration. She never was in perfect health after her first miscarriage, which happened six months after marriage. It left her not only very weak but exceedingly nervous. Under a physician's care she improved greatly. She again became pregnant, and again miscarried, this time at the end of two months.

Her third pregnancy, which ended four months before coming to the hospital, resulted, as pre-

viously stated, in the birth of a fine, healthy, full-term, male child. When three months gone she felt as though she was about to abort again, but was put to bed and carefully nursed; which undoubtedly prevented a return of former occurrences.

Three weeks after this confinement she was taken suddenly with sharp pains in the dorsal region, which extended up the spinal column. A week later she noticed that her strength was deserting her, shown by becoming tired and exhausted without apparent cause. This condition of affairs grew rapidly worse, and in a few days she was unable to stand upon her feet. Her legs were both numb and painful, and power of moving same was soon entirely lost. At the end of nine weeks she had no control over contents of either bladder or bowels.

On September 15, 1888, I assumed Dr. Leidy's place as Dr. Wood's resident. A careful examination of the case at that time revealed the following condition of affairs: The patient was very anæmic looking, and had lost, as she stated, considerable flesh. Her tongue was pale, furred, and heavily coated; edges clean. There was a marked inequality of pupils of eyes. Also an otorrhœa of the left side. Upon the same side of neck there was an irregular mass of glands, hard to the touch, but not tender, about the size of an ordinary child's head. The right side had a few enlarged glands; in all, not larger than a pigeon's egg. The skin was free and movable over this region. In the left axilla there were several large lumps; none in the right side. The left arm was somewhat œdematous, possibly from pressure upon the axillary veins. The inguinal glands were slightly enlarged, but equally so upon both sides. No enlarged glands or tumors could be felt within the abdominal cavity. The

spleen and liver were both normal in size. There was some œdema of the feet and ankles, which was attributed to the sluggish circulation. Examination of the heart revealed a low-pitched, soft systolic murmur over its base, which was undoubtedly anæmic in origin. The murmur was also accompanied by a venous hum in the neck. The pulse though rapid, was weak, varying from 90 to 130 per minute. The lungs were healthy, except over bases, where they were somewhat dull upon percussion, and respiratory sounds were feeble. There was fever present of an irregular, hectic type, which, during the last two weeks of the patient's stay in the house became continuous in character, with evening exacerbations.

From just above the umbilicus there was found to be complete loss of motion and sensation of all the parts of the body below. And, as in the case described by Dr. James H. Hutchinson (*Trans. of the College of Physicians of Philadelphia*, series 3, vol. i.), the line of separation between the parts where sensation was preserved and where it was lost was sharply defined by dragging a pin along the surface of the abdomen. Likewise there was a sense of constriction, as of a band, at the point separating the paralyzed from the sensitive portion of the body.

Unlike Dr. Hutchinson's case, there was in this patient a tendency to contraction, and spasmodic twitching of the muscles. They were not, however, very marked. The knee-jerk upon the right side was below normal; that upon the left side was about right. She complained constantly of headache and burning pain in the lower portion of the body, especially in the feet and toes—which were relieved by large doses of morphia.

The decubitus of patient was a curious one. She lay constantly with her knees bent and her legs drawn up. What significance to give this, except there be some meningeal trouble could not be determined.

The urine was examined and found to contain an excess of phosphates and urates, but no albumin. Specific gravity of 1025, and reaction acid. Examination of the blood, made for me by one of my colleagues in the hospital, Dr. Alfred C. Wood, showed the count of red blood-corpuscles to vary at different times from 3,500,000 to 2,500,000, the last estimate being the one made just before the patient left the house; she having been told that her case was hopeless, and her husband wishing her home.

No treatment proved of any use. To procure sleep and relieve pain, opiates constantly were resorted to, but no remedy did any good so far as the general disease was concerned.

She left the hospital November 23d, and died six days afterward. No post-mortem was allowed. It is more than likely that the paraplegia in this case resulted from a lymphoid tumor or tumors pressing upon the spinal cord, as in the case already alluded to of Dr. Hutchinson's, and in that of a similar case seen by Dr. William Osler, at Montreal.

The cause of the disease is a matter of conjecture, as it is in almost every other reported case. The otorrhœa, which Virchow believes generally precedes the disease when it starts in the neck, in this case followed it, showing that it was a sequence and not a cause of the trouble.

The curvature of the spine, previously mentioned,

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which existed in this case, was unquestionably due to disease of the vertebræ, a result of the general affection—for we know that in this trouble the bones are often found diseased.

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